

## Corrective Action Form Description and Action Plan

ID #

Event Date:

Dept.:

### 1. Identification of nonconformity or quality problem:

Recorded by:

Date:

### 2. Investigation:

Recorded by:

Date:

### 3. Action plan:

a. Short term:

b. Long term:

Recorded by:

Date:

### 4. Review

**Laboratory Division Director / date:** \_\_\_\_\_  
**Comments:**

**Quality Assurance Manager / date:** \_\_\_\_\_  
**Comments:**

**Quality Assurance Director / date:** \_\_\_\_\_  
**Comments:**